

FILED SEP 28 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32113

BIRTH NO. 73465-57 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3069 Registrar's No. 9227

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond Heights		c. LENGTH OF STAY (If in this place) 1 1/2 DYS d. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KIRKWOOD 4713	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Marys Hospital		d. STREET ADDRESS (If rural, give location) 156 St. Argonne	
3. NAME OF DECEASED a. (First) Lori (Type or Print) b. (Middle) Ann c. (Last) Williams		4. DATE OF DEATH (Month) (Day) (Year) Sept. 22, 1951	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH Sept. 20, 1951
9. AGE (In years last birthday) 0 Months 2 Days		10. IF ORDER IN HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Kirkwood 22, Mo.		12. CITIZEN OF WHAT COUNTRY? American	
13a. FATHER'S NAME Charles L. Williams		13b. MOTHER'S MAIDEN NAME Lorraine Carr	
14. NAME OF HUSBAND OR WIFE None		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, state war or dates of service) No None	
16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Charles L. Williams, Kirkwood, Mo	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Mythru blottens - Fetalis</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 7700 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 2 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>Sept 20, 1951</i> to <i>Sept 22, 1951</i> , that I last saw the deceased alive on <i>Sept 21, 1951</i> , and that death occurred at <i>7:00 A. m.</i> from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>Charles L. Williams</i>		23b. ADDRESS <i>Kirkwood Mo</i>	
23c. DATE SIGNED <i>Sept 24, 1951</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9/24/51	
24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery		24d. LOCATION (City, town, or county) (State) Kirkwood Mo.	
DATE REC'D BY LOCAL REG. 9-24-51		REGISTRAR'S SIGNATURE <i>Robert P. ...</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>Meyer-Pfitzinger</i>		ADDRESS Kirkwood	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.